

Facility Summary for R10 Facility ID # 4260085

Owner Name and Address: ROADRUNNER DELIMART II, INC. 1408 N FIRST ST, Yakima, WA 98909

Location Name		Location Street Address		Location City		Zip	
4260085		ROADRUNNER DELI MART		705 W 1ST		Wapato 98951	
Tank ID	Installed	Product	Tank Mat'l of Construction	Piping Material	Piping Type	Tank Release Detection	FR Met
Status	Age (yr)	Capacity	Secondary Option	Secondary Option		Piping Release Detection	Spill/Over/CP
001	3/1/81	Gasoline	Asphalt Coated or Bare Steel	Galvanized Steel	Pressurized	A B C D E F G H I J K L	Yes
Permanently Out of Use	21	12,000	None	None		B D E F G H I J K L	Yes Yes No
002	3/1/81	Gasoline	Asphalt Coated or Bare Steel	Galvanized Steel	Pressurized	A B C D E F G H I J K L	Yes
Permanently Out of Use	21	12,000	None	None		B D E F G H I J K L	Yes Yes No
003	3/1/81	Gasoline	Asphalt Coated or Bare Steel	Galvanized Steel	Pressurized	A B C D E F G H I J K L	Yes
Permanently Out of Use	21	12,000	None	None		B D E F G H I J K L	Yes Yes No
004	4/25/96	Gasoline	Cathodically Protected Steel	Bare Steel	Pressurized	A B C D E F G H I J K L	Yes
Currently in Use	06	12,000	Double-Walled	Cathodically Protected		B D E F G H I J K L	Yes Yes Yes
005	4/25/96	Gasoline	Cathodically Protected Steel	Bare Steel	Pressurized	A B C D E F G H I J K L	Yes
Currently in Use	06	12,000	Double-Walled	Cathodically Protected		B D E F G H I J K L	Yes Yes Yes

As of 8/5/02, LUST files INACTIVE.

Tank/Piping Release Detection Codes

A Manual Tank Gauging	C Inventory Control	E Vapor Monitoring	G Interstit. Dbl-Wall Monitor	I SIR	K Deferred
B Tank/Line Tightness Testing	D ATG/Auto Line LD	F GW Monitoring	H Interstit. Sec. Con. Monitor	J Other Methods	L Not Listed

R10 Facility ID: 4260085

Facility Name: ROADRUNNER DELI MART

I. Ownership of Tank(s)

System ID: 00290

R10 Owner ID: 290

Name: ROADRUNNER DELIMART II, INC.

Street: 1408 N FIRST ST

City: Yakima

County: Yakima

State: WA

ZIP: 98909 -

Phone: (509) 457-1113

Fax:

Contact: (if other than Owner)

Taxpayer ID:

S.S. No:

Comments:

Type of NotificationNew: ☐Amended: ☒Closure: ☐

System ID: 4260085

R10 Facility ID: 4260085

Date Received: 15 Dec 1992

Facility Operator: ,
Last First**II. Location of Tank(s)**

Name: ROADRUNNER DELI MART

Street: 705 W 1ST

City: Wapato

County: Yakima

State: WA

ZIP: 98951 -

Latitude: ° ' "

Longitude: ° ' "

Phone:

Comments:

III. Type of Owner

Private

IV. Indian LandsIndian Lands: ☒ Tanks are located on land within an Indian Reservation or on other trust lands.Tribe Owned: ☐ Tanks are owned by native American nation or tribe.

Tribe: YAKAMA

V. Type of Facility

Describe the kind of facility:

Gas Station

Comments: CONV STORE

VI. Contact Persons in Charge of Tanks

Name: RUFENER, GARY

Address: C/O THE ROADRUNNER

Phone: (509) 457-1113

Fax:

Contact Type:

☐ Owner☐ Operator☐ CA Contact☐ Manager☐ Outreach☐ Location Contact☐ RP☐ Fee Contact☒ Other

OPERATOR/OWNER

VII. Financial ResponsibilityFacility meets financial responsibility requirements: ☒

Check all that apply:

Self-Insured: ☐Letter of Credit: ☐Insurance: ☒State Fund: ☐Risk Retention Group: ☐Trust Fund: ☐Guarantee: ☐Other: ☐Surety Bond: ☐Not Listed: ☐

Comments:

VIII. Certification

Name: GARY E RUFENER

Title: PARTNER

Date: 06 May 1996

R10 Facility ID: 4260085

Facility Name: ROADRUNNER DELI MART

Latitude: ° ' " Longitude: ° ' "**IX. Description of Underground Storage Tanks****1. Status of Tank**Federally Regulated: ☒Compartment: ☐AST: ☐Sys. Fac. ID: 4260085Amended Information: ☒Manifolded: ☐No Fee: ☐Tank ID: 001Tank Status: Permanently Out of UseComments: Rcvd: Alt Tank ID: 1**2. Date of Installation (month/year)**Date Installed: Mar 1981**3. Estimated Total Capacity (gallons)**Tank Capacity: 12,000**4. Material of Construction**

Enter material of construction for the tank. You may supplement primary description with one of the Secondary Options.

Tank Material: Asphalt Coated or Bare SteelComments: Sec. Tank Option: NoneCheck if tank has been repaired: ☐Check if tank is used for emergency generator: ☐**5. Piping (Material)**

Enter material of construction for the piping. You may supplement primary description with one of the Secondary Option

Piping Material: Galvanized SteelComments: Sec. Piping Option: None**6. Piping (Type)**Type of Pipe: PressurizedCheck if piping has been repaired: ☐**7. Substance Currently or Last Stored in Greatest Quantity by Volume**Substance: GasolineComments: CERCLA No.: Description: **X. Tanks Out of Use, or Change in Service****1. Closing of Tank**

NOTE: This section not available unless tank status at top of form is set to a form of closure.

Date Last Used: 07 Mar 1996Closure Status: Tank removed from ground

Date Closure Rcvd.: Inert Fill : Date Closed: **2. Site Assessment**Site Assessment Completed: ☒Evidence of a Leak Detected: ☒**XI. Certification of Compliance****1. Installation**Installer certified by tank & piping
manufacturer: ☐Manufacturer's installation checklists
have been completed: ☐Installer certified or licensed by
implementing agency: ☐Another method allowed by State
agency: ☐Installation inspected by registered
engineer: ☐Comments: Installation inspected & approved by
implementing agency: ☐**2. Release Detection**

	Tank/Pipe	
Manual tank gauging:	<input type="checkbox"/>	
Tank tightness testing:	<input type="checkbox"/>	
Inventory control:	<input checked="" type="checkbox"/>	
Automatic tank gauging:	<input type="checkbox"/>	
Vapor monitoring:	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater monitoring:	<input type="checkbox"/>	<input type="checkbox"/>
SIR:	<input type="checkbox"/>	<input type="checkbox"/>
Interstit. Dbl-wall Monitor:	<input type="checkbox"/>	<input type="checkbox"/>
Interstit. Sec. Con. Monitor:	<input type="checkbox"/>	<input type="checkbox"/>

	Tank/Pipe	
Auto line leak detector:		<input type="checkbox"/>
Line tightness testing:		<input type="checkbox"/>
Other method:	<input type="checkbox"/>	<input type="checkbox"/>
Deferred:	<input type="checkbox"/>	<input type="checkbox"/>
Not listed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments: **3. Spill, Overfill, and Corrosion Protection**Overfill Protected: ☒Spill Protected: ☒CP Met on Tank & Piping: ☐☐ Check if deliveries limited to 25 gallons at a time (e.g., used oil tanks)**Installer Oath:**Name: Company: Position: Date Signed:

IX. Description of Underground Storage Tanks**1. Status of Tank**Federally Regulated: ☒Compartment: ☐AST: ☐

Sys. Fac. ID: 4260085

Amended Information: ☒Manifolded: ☐No Fee: ☐

Tank ID: 002

Tank Status: Permanently Out of Use

Comments:

Rcvd:

Alt Tank ID: 2

2. Date of Installation (month/year)

Date Installed: Mar 1981

3. Estimated Total Capacity (gallons)

Tank Capacity: 12,000

4. Material of Construction

Enter material of construction for the tank. You may supplement primary description with one of the Secondary Options.

Tank Material: Asphalt Coated or Bare Steel

Comments:

Sec. Tank Option: None

Check if tank has been repaired: ☐Check if tank is used for emergency generator: ☐**5. Piping (Material)**

Enter material of construction for the piping. You may supplement primary description with one of the Secondary Option

Piping Material: Galvanized Steel

Comments:

Sec. Piping Option: None

6. Piping (Type)

Type of Pipe: Pressurized

Check if piping has been repaired: ☐**7. Substance Currently or Last Stored in Greatest Quantity by Volume**

Substance: Gasoline

Comments:

CERCLA No.:

Description:

X. Tanks Out of Use, or Change in Service**1. Closing of Tank**

NOTE: This section not available unless tank status at top of form is set to a form of closure.

Date Last Used: 07 Mar 1996

Closure Status: Tank removed from ground

Date Closure Rcvd.: Inert Fill : Date Closed: **2. Site Assessment**Site Assessment Completed: ☒Evidence of a Leak Detected: ☐**XI. Certification of Compliance****1. Installation**Installer certified by tank & piping
manufacturer: ☐Manufacturer's installation checklists
have been completed: ☐Installer certified or licensed by
implementing agency: ☐Another method allowed by State
agency: ☐Installation inspected by registered
engineer: ☐Comments: Installation inspected & approved by
implementing agency: ☐**2. Release Detection**

	Tank/Pipe	
Manual tank gauging:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tank tightness testing:	<input type="checkbox"/>	<input type="checkbox"/>
Inventory control:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Automatic tank gauging:	<input type="checkbox"/>	<input type="checkbox"/>
Vapor monitoring:	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater monitoring:	<input type="checkbox"/>	<input type="checkbox"/>
SIR:	<input type="checkbox"/>	<input type="checkbox"/>
Interstit. Dbl-wall Monitor:	<input type="checkbox"/>	<input type="checkbox"/>
Interstit. Sec. Con. Monitor:	<input type="checkbox"/>	<input type="checkbox"/>

	Tank/Pipe	
Auto line leak detector:	<input type="checkbox"/>	<input type="checkbox"/>
Line tightness testing:	<input type="checkbox"/>	<input type="checkbox"/>
Other method:	<input type="checkbox"/>	<input type="checkbox"/>
Deferred:	<input type="checkbox"/>	<input type="checkbox"/>
Not listed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments: **3. Spill, Overfill, and Corrosion Protection**Overfill Protected: ☒Spill Protected: ☒CP Met on Tank & Piping: ☐☐ Check if deliveries limited to 25 gallons at a time (e.g., used oil tanks)**Installer Oath:**Name: Company: Position: Date Signed:

IX. Description of Underground Storage Tanks**1. Status of Tank**Federally Regulated: ☒Compartment: ☐AST: ☐

Sys. Fac. ID: 4260085

Amended Information: ☒Manifolded: ☐No Fee: ☐

Tank ID: 003

Tank Status: Permanently Out of Use

Comments:

Rcvd:

Alt Tank ID: 3

2. Date of Installation (month/year)

Date Installed: Mar 1981

3. Estimated Total Capacity (gallons)

Tank Capacity: 12,000

4. Material of Construction

Enter material of construction for the tank. You may supplement primary description with one of the Secondary Options.

Tank Material: Asphalt Coated or Bare Steel

Comments:

Sec. Tank Option: None

Check if tank has been repaired: ☐Check if tank is used for emergency generator: ☐**5. Piping (Material)**

Enter material of construction for the piping. You may supplement primary description with one of the Secondary Option

Piping Material: Galvanized Steel

Comments:

Sec. Piping Option: None

6. Piping (Type)

Type of Pipe: Pressurized

Check if piping has been repaired: ☐**7. Substance Currently or Last Stored in Greatest Quantity by Volume**

Substance: Gasoline

Comments:

CERCLA No.:

Description:

X. Tanks Out of Use, or Change in Service**1. Closing of Tank**

NOTE: This section not available unless tank status at top of form is set to a form of closure.

Date Last Used: 07 Mar 1996

Closure Status: Tank removed from ground

Date Closure Rcvd.: Inert Fill : Date Closed: **2. Site Assessment**Site Assessment Completed: ☒Evidence of a Leak Detected: ☐**XI. Certification of Compliance****1. Installation**Installer certified by tank & piping
manufacturer: ☐Manufacturer's installation checklists
have been completed: ☐Installer certified or licensed by
implementing agency: ☐Another method allowed by State
agency: ☐Installation inspected by registered
engineer: ☐Comments: Installation inspected & approved by
implementing agency: ☐**2. Release Detection**

	Tank/Pipe	
Manual tank gauging:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tank tightness testing:	<input type="checkbox"/>	<input type="checkbox"/>
Inventory control:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Automatic tank gauging:	<input type="checkbox"/>	<input type="checkbox"/>
Vapor monitoring:	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater monitoring:	<input type="checkbox"/>	<input type="checkbox"/>
SIR:	<input type="checkbox"/>	<input type="checkbox"/>
Interstit. Dbl-wall Monitor:	<input type="checkbox"/>	<input type="checkbox"/>
Interstit. Sec. Con. Monitor:	<input type="checkbox"/>	<input type="checkbox"/>

	Tank/Pipe	
Auto line leak detector:	<input type="checkbox"/>	<input type="checkbox"/>
Line tightness testing:	<input type="checkbox"/>	<input type="checkbox"/>
Other method:	<input type="checkbox"/>	<input type="checkbox"/>
Deferred:	<input type="checkbox"/>	<input type="checkbox"/>
Not listed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments: **3. Spill, Overfill, and Corrosion Protection**Overfill Protected: ☒Spill Protected: ☒CP Met on Tank & Piping: ☐☐ Check if deliveries limited to 25 gallons at a time (e.g., used oil tanks)**Installer Oath:**Name: Company: Position: Date Signed:

IX. Description of Underground Storage Tanks**1. Status of Tank**

Federally Regulated: ☒ Compartment: ☐ AST: ☐
Amended Information: ☒ Manifolder: ☐ No Fee: ☒

Sys. Fac. ID: 4260085

Tank ID: 004

Tank Status: Currently in Use

Comments:

Rcvd:

Alt Tank ID: 4

2. Date of Installation (month/year)

Date Installed: Apr 1996

3. Estimated Total Capacity (gallons)

Tank Capacity: 12,000

4. Material of Construction

Enter material of construction for the tank. You may supplement primary description with one of the Secondary Options.

Tank Material: Cathodically Protected Steel

Comments:

Sec. Tank Option: Double-Walled

Check if tank has been repaired: ☐Check if tank is used for emergency generator: ☐**5. Piping (Material)**

Enter material of construction for the piping. You may supplement primary description with one of the Secondary Option

Piping Material: Bare Steel

Comments: Double-walled

Sec. Piping Option: Cathodically Protected

6. Piping (Type)

Type of Pipe: Pressurized

Check if piping has been repaired: ☐**7. Substance Currently or Last Stored in Greatest Quantity by Volume**

Substance: Gasoline

Comments:

CERCLA No.:

Description:

X. Tanks Out of Use, or Change in Service**1. Closing of Tank**

NOTE: This section not available unless tank status at top of form is set to a form of closure.

Date Last Used:

Closure Status:

Date Closure Rcvd.: Inert Fill : Date Closed: **2. Site Assessment**Site Assessment Completed: ☐Evidence of a Leak Detected: ☐**XI. Certification of Compliance****1. Installation**Installer certified by tank & piping
manufacturer: ☐Manufacturer's installation checklists
have been completed: ☐Installer certified or licensed by
implementing agency: ☐Another method allowed by State
agency: ☐Installation inspected by registered
engineer: ☐

Comments:

Installation inspected & approved by
implementing agency: ☐**2. Release Detection**

	Tank	Pipe
Manual tank gauging:	<input type="checkbox"/>	<input type="checkbox"/>
Tank tightness testing:	<input type="checkbox"/>	<input type="checkbox"/>
Inventory control:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Automatic tank gauging:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Vapor monitoring:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Groundwater monitoring:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SIR:	<input type="checkbox"/>	<input type="checkbox"/>
Interstit. Dbl-wall Monitor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Interstit. Sec. Con. Monitor:	<input type="checkbox"/>	<input type="checkbox"/>

	Tank	Pipe
Auto line leak detector:	<input type="checkbox"/>	<input type="checkbox"/>
Line tightness testing:	<input type="checkbox"/>	<input type="checkbox"/>
Other method:	<input type="checkbox"/>	<input type="checkbox"/>
Deferred:	<input type="checkbox"/>	<input type="checkbox"/>
Not listed:	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

3. Spill, Overfill, and Corrosion ProtectionOverfill Protected: ☒Spill Protected: ☒CP Met on Tank & Piping: ☒☐ Check if deliveries limited to 25 gallons at a time (e.g., used oil tanks)**Installer Oath:**

Name: JIM INGBERG

Company: NW PUMP & EQUIP

Position:

Date Signed:

IX. Description of Underground Storage Tanks**1. Status of Tank**Federally Regulated: ☒Compartment: ☐AST: ☐

Sys. Fac. ID: 4260085

Amended Information: ☒Manifolded: ☐No Fee: ☒

Tank ID: 005

Tank Status: Currently in Use

Comments:

Rcvd:

Alt Tank ID: 5

2. Date of Installation (month/year)

Date Installed: Apr 1996

3. Estimated Total Capacity (gallons)

Tank Capacity: 12,000

4. Material of Construction

Enter material of construction for the tank. You may supplement primary description with one of the Secondary Options.

Tank Material: Cathodically Protected Steel

Comments: COMPARTMENTS

Sec. Tank Option: Double-Walled

Check if tank has been repaired: ☐Check if tank is used for emergency generator: ☐**5. Piping (Material)**

Enter material of construction for the piping. You may supplement primary description with one of the Secondary Option

Piping Material: Bare Steel

Comments: Double-walled

Sec. Piping Option: Cathodically Protected

6. Piping (Type)

Type of Pipe: Pressurized

Check if piping has been repaired: ☐**7. Substance Currently or Last Stored in Greatest Quantity by Volume**

Substance: Gasoline

Comments:

CERCLA No.:

Description:

X. Tanks Out of Use, or Change in Service**1. Closing of Tank**

NOTE: This section not available unless tank status at top of form is set to a form of closure.

Date Last Used:

Closure Status:

Date Closure Rcvd.: Inert Fill : Date Closed: **2. Site Assessment**Site Assessment Completed: ☐Evidence of a Leak Detected: ☐**XI. Certification of Compliance****1. Installation**Installer certified by tank & piping
manufacturer: ☐Manufacturer's installation checklists
have been completed: ☐Installer certified or licensed by
implementing agency: ☐Another method allowed by State
agency: ☐Installation inspected by registered
engineer: ☐

Comments:

Installation inspected & approved by
implementing agency: ☐**2. Release Detection**

	Tank/Pipe	
Manual tank gauging:	<input type="checkbox"/>	<input type="checkbox"/>
Tank tightness testing:	<input type="checkbox"/>	<input type="checkbox"/>
Inventory control:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Automatic tank gauging:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Vapor monitoring:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Groundwater monitoring:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SIR:	<input type="checkbox"/>	<input type="checkbox"/>
Interstit. Dbl-wall Monitor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Interstit. Sec. Con. Monitor:	<input type="checkbox"/>	<input type="checkbox"/>

	Tank/Pipe	
Auto line leak detector:	<input type="checkbox"/>	<input type="checkbox"/>
Line tightness testing:	<input type="checkbox"/>	<input type="checkbox"/>
Other method:	<input type="checkbox"/>	<input type="checkbox"/>
Deferred:	<input type="checkbox"/>	<input type="checkbox"/>
Not listed:	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

3. Spill, Overfill, and Corrosion ProtectionOverfill Protected: ☒Spill Protected: ☒CP Met on Tank & Piping: ☒☐ Check if deliveries limited to 25 gallons at a time (e.g., used oil tanks)**Installer Oath:**

Name: JIM INGBERG

Company: NW PUMP & EQUIP

Position: Date Signed: